

West of the Rockies

Speaker's Corner

A breach of "etiquette"?

My father, a 93-year-old retired physician, lives with us. As a high-functioning individual, he takes care of all his personal needs. For a few weeks, he had observed (rather than complained of) a "little more tiredness and weakness." I initially ignored the symptoms, but when they persisted, I thought I should pay them more attention. Beset with guilt, I arranged for a complete blood count and basic chemistry profile. Perhaps he had a touch of anemia that required correction or some errant electrolytes that needed to be brought into line. At 5 PM on a Friday, the laboratory telephoned me at home with the results. His blood chemistry results were normal, but his hemoglobin concentration was 70 g/L (7.0 g/dL) with a mean corpuscular volume of 85 μm^3 . The leukocyte and platelet counts were normal, as was red cell morphology.

Malignant disease with bone marrow involvement was my first diagnostic thought. My greatest concern was what I should do now. Despite knowing that hospitals operate 7 days a week, I felt—as do most physicians—that all days are not created equal. I decided to wait until Monday morning to plan admission. After all, the "patient" would be under close observation.

Clearly the opinion of a consultant was necessary, and I had all weekend to decide whose advice I should seek. In an academic institution, specialists abound, and the decision was not easy. Competence was not the issue because, thanks to today's stringent credentialing requirements, an incompetent physician is difficult to find. After much deliberation, I decided to ask a fairly young (but not too young) physician to see my father when he was admitted. The specialist I chose was not a personal friend, but one who had a good reputation for his skill, common sense, and care of patients.

Came Monday morning, and early in the day, I called the physician's office and left a message indicating the reason for my call and asking him to get back to me as early as pos-

sible. My intention was to provide him with what little clinical history I had and to send him copies of the blood test results from 3 days earlier—anything to give a helping hand and make his job easier, I thought.

I waited patiently, but by 3 PM, I had not heard from the physician. I had little doubt that he would have received my message, but I stubbornly decided not to call again. At 4 o'clock when he did call, I sensed a slight irritation in his voice: "I have to leave for the university now," he said, "and I won't have the time to see anyone. I will be away all day tomorrow, and so I'll ask one of my colleagues to see your father."

That was the end of the conversation. I felt disappointed and hurt because, while not unfriendly or discourteous, his tone lacked warmth and concern. The next day, the colleague who I did not know and had never met came to see my father. He did not call or speak to me, but his consultation note was elegant. He had clearly taken his time in formulating his impression and recommendations. I am sorry I never met him, for the next thing I heard was that he had left for a new position in another state.

Papers are written, conferences held, and new journals have been created to help us decide what is right and what is wrong in dealing with our patients. This we refer to as "medical ethics." But what of "medical etiquette"? I do not know if there is an official definition for medical etiquette, but I regard it as the code of behavior between physicians, nurses, and other staff concerned in the care of patients. Not to be forgotten is the conduct that professionals in medicine should show toward students and trainees. There is, of course, much overlap between what we loosely call common courtesy and courtesy as it applies in a professional setting. Most are obvious: returning calls within a reasonable time, communicating with dignity, and so on, but some are not so apparent. Professional courtesy is a term that generally refers



to the adjustment (or waiver) of charges when one physician is indebted to another. But there are other forms of professional courtesy. The courtesy of responding to a request to see a physician or a member of the physician's close family is one of them. I consider it an honor to be asked to see a colleague or a colleague's spouse, parent, or child. It is an honor more than any patient can bestow, for of all the physicians available, that physician has chosen me.

Why was I hurt? Was it just because the consultant of my choice did not respond to my request? Possibly, but probably not. There will be occasions when this is impossible, or nearly so. On such occasions, a genuine apology and an explanation of the circumstances are all that is needed. A little thought (or pretence at one), suggesting a colleague by name and saying how likable and good that person would be, would have been sufficient. Am I being unreasonable? Perhaps

in the eyes of some I am. But then, we must develop our own code of conduct. That's what etiquette is all about.

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Practice Point

Jacob's Story

The referral slip described a lesion on the side of the tongue that needed evaluation. There had been some localized bleeding and pain. This would be the last patient at the end of a long day filled with surgeries, consultations, follow-ups, and numerous phone calls. The physician was already an hour behind schedule.

Jacob was a bright, energetic, middle-aged man with thick brown hair brushed back in a long wave. Despite his youthful appearance, there were deep lines under his eyes. He was a virtuoso musician known for his intense and often emotional performing style. Jacob had a nervous habit of grinding his teeth, something he had noted since childhood. Examination of the mouth revealed an area of inflammation on the side of the tongue, the apparent site of recurrent injury from the intermittent grinding of teeth with secondary biting of the tongue. Further examination of the palate revealed a deep punctate erosion with scarring, a site of previous injury.

"I see an area in the back of your mouth where you appear to have been injured in the past."

Jacob was quick to respond. "Yes. You noticed that. Let's see how good you are. Tell me what you think that is."

"I served as a surgeon in World War II and saw multiple injuries. I believe it is a bullet wound."

Jacob was visibly impressed. His body relaxed. "Yes. When I was young . . ." He stopped to gather his thoughts. "We lived in a beautiful village in Poland. Three sisters, one brother. All of us were involved in music; playing, singing. It was a Sunday when my village was overrun by the Nazis. I had run to the top of a nearby hill. I was 11 years old at the time. I saw them kill my family. One by one they grabbed them and shot them all, even my grandparents. They all struggled to get away but were held down while the soldiers tortured them and then shot them. One soldier spotted me on the hill and ran after me. I ran with all my strength, but he caught up to me, grabbed me by the throat, and rammed his gun into my mouth. I pulled my head back and cried out to God to save me. The soldier twisted my neck. I felt the cold steel of his pistol in my mouth. He pulled the trigger, and I blacked out. I was left for dead. The bullet had missed its deadly target. Amazingly, I survived. I was alone, without my family. My village and country were destroyed. At first I didn't want to live and even tried suicide one time."

He was sobbing. The emotion of the moment was overwhelming. The physician placed his hand on Jacob's shoulder to comfort him. Spontaneously the physician began to cry and said, "I have seen the horror of friends, fellow soldiers, the camps."

It was a small physician's office in a large metropolitan area where physician and patient cried together for a time. They shared stories, exchanged photographs, talked about lost loved ones, fears and hopes for the future. Jacob never required a biopsy or surgery. Healing came with time and support. Follow-up visits continued for a period of time. In the end, the teeth-grinding stopped and the "lesion" healed. Jacob would continue to play in his unique way—a virtuoso musician with compassion and energy. The music expressed so exquisitely his message of renewal and love.

My father told me about his patient, Jacob, as I was starting medical school. That was 20 years ago, and both physician and patient have since passed on, but their story and memory have been a part of my life and those of my students ever since.

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